

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019663

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 233 Primary Registration District No. 4348 Registrar's No. 102

VS 300
Rev. 4/59

10700

20700

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1290-2

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

FILED JUN 5 1962

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Wellsville</u>		c. CITY OR TOWN <u>Wellsville</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>500 W. Bates St.</u>		d. STREET ADDRESS (If outside, give location) <u>500 W. Bates St.</u>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>FORREST OTTO WORSHAM</u>			4. DATE OF DEATH Month Day Year <u>May 21 1962</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Apr. 28, 1903</u>	9. AGE (last birthday) <u>59</u>	IF UNDER 1 YEAR Months Days Hours Min. <u>0 23</u>	IF UNDER 24 HR Hours Min. <u>23</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired Brick Plant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Fire Brick</u>	11. BIRTHPLACE (City and state or country) <u>Wainwright, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Ira T. Worsham</u>	13b. MOTHER'S MAIDEN NAME <u>Ollie Willet</u>	14. NAME OF HUSBAND OR WIFE <u>Nabel V. Worsham</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>[redacted]</u>	17. INFORMANT Address <u>Mrs. Mabel V. Worsham, Wellsville, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <u>May 14-62</u> to <u>May 21-1962</u> and last saw him alive on <u>May 21-1962</u> Death occurred at <u>May 21-10 A</u> on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Willis H. Walls R.V.</u>	22b. ADDRESS <u>Wellsville Mo.</u>	22c. DATE SIGNED <u>5-22-62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 23-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wellsville</u>	23d. LOCATION (City, town, or county) <u>Wellsville Mo.</u>	(State)
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24. FUNERAL DIRECTOR <u>Howard F. Myers, Wellsville, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>5/22-1962</u>	26. REGISTRAR'S SIGNATURE <u>Laura B. Callaway</u>
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USE BLACK INK
OR
TYPEWRITER RIBBON

APR 30 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Howard Myers

Licensed Embalmer No. 4494

P. O. Address Wellsville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.